



## SDAC Application

**Unique ID: SDAC-127**

First Name: REDACTED

Address: REDACTED

County of Residence: **San Diego**

Phone: REDACTED

Email: REDACTED

Race/Ethnicity (Optional):

Regional Center: San Diego

I am a: Family Member

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**Has Your Name Been Selected To Participate In The Roll Out Of The Self-Determination Program?**  
Yes

**How did your interest in, or knowledge of, the developmental disability field and service system develop?:**

Soon after my daughter was diagnosed with autism, I immediately understood that I needed to become educated in all aspects of the support system for individuals with disabilities. I participated in trainings, seminars and developed contacts within the community to be a better advocate for her needs.

**What are your areas of interest in the developmental disability field and service system?:**

It's unrealistic to think all individuals with a developmental disability can become self-sufficient. Many individuals with severe disabilities are unable to live independently or find a job. Therefore, it's important to develop and fund support services for parents, siblings, guardians and caretakers so they can provide a lifelong support and improve the quality of life of the individual they care for.

**Please describe any previous experience with Self-Determination and explain why you wish to serve on the Self-Determination Advisory Committee?:**

We lived in Maryland prior to moving to California. While there, we enrolled and participated in their version of "self-determination". Maryland was one of the first states to roll out this type of program. I completed their support broker training which is similar to the independent facilitator.



I would like to be part of the committee because I believe with my diverse background, I could help Hispanic parents who have a hard time understanding what the self-determination program is about or don't trust government agencies have their best interest.